

Agenda: Washington State Health Benefit Exchange Plan Management Workgroup Meeting

4/24/12; 10:00 am – 12:00 pm

Agenda

ID	Topic	Facilitator	Duration
1.	Welcome <ul style="list-style-type: none"> Introductions Purpose of bi-weekly meetings 	Michael Arnis / Beth Berendt	10 Min
2.	Purpose of the Meeting <ul style="list-style-type: none"> Introduce Proposed Board Policy Decision-making Timeline Confirm Understanding of Certification Criteria: Which ones have solutions ready to include in certification process and which need further development Confirm Small Workgroups to develop criteria (combine some criteria into a single workgroup?) and which workgroups to start 	Michael Arnis	5 Min
3.	Exchange Updates <ul style="list-style-type: none"> Project Level Health Plan Data Meeting Held on April 19 	Ashley Stamets	5 Min
4.	Proposed Board Policy Decision-making Timeline <ul style="list-style-type: none"> Review dates for Criteria for QHPs 	Michael Arnis	10 Min
5.	QHP Certification Criteria Scorecard <ul style="list-style-type: none"> Confirm if a Criterion can be applied in the certification process? Which Criteria need further development... ...and a Small Workgroup? <ul style="list-style-type: none"> Should some Criteria be combined into a single Small Workgroup? Select which Small Workgroups to get started on Request volunteers and comments on scorecard by May 1 <p>Discussion Resources:</p> <ul style="list-style-type: none"> Scorecard use for this discussion. <i>The scorecard will replace the Small Projects Table previously distributed.</i> Refer to Detailed Table as a resource. 	Michael Arnis / Ashley Stamets	75 Min
6.	Break at 11:15 am	All	5 Min
7.	Next Steps / Close <ul style="list-style-type: none"> May 7 Next Plan Management Workgroup meeting; May 22 meeting to be rescheduled Review scorecard and workgroup progress Discuss Draft QHP Certification <u>Process</u> 	Michael Arnis	10 Min

Meeting Notes

3. Exchange Updates: Ashley Stamets updated the plan management workgroup that the CMS approved the contract with Deloitte as the Systems Integrator and work with Deloitte is underway. She also updated the workgroup on the recent health plan data meeting on April 19 where HBE was asked to categorize the certification criteria by issuer, product, and plan, and also add catastrophic plans to the data model.

4. Proposed Board Policy Decision-making Timeline: Michael Arnis informed the workgroup about the proposed policy timeline for Board discussion and approval of the QHP certification criteria. The workgroup asked about the development of premium aggregation, eligibility and enrollment and other broad operational policies that affect health insurance issuers. Michael said he'd relay those interests to Molly Voris and asked workgroup members to contact Molly directly with their policy oriented questions.

5. QHP Certification Criteria Scorecard: Michael Arnis and Ashley Stamets discussed each criterion on the scorecard with the workgroup. Workgroup members discussed if the criterion was ready to be applied to the certification process, and if not, what kind of small workgroup is needed to further develop the criterion. The scorecard was updated based on the workgroup's discussion and is attached. Workgroup members also asked for more operational details about the certification process such as where each criterion will be transacted.

7. The workgroup combined like criteria into four small workgroups. Those workgroups are reflected in the Small Workgroups Volunteer Form. Please return the form to Michael Arnis by May 2.

From our original list of 19 certification criteria, three criteria remain (these three are not ready to be applied to the certification process or they are not listed in a small workgroup on the volunteer form) and HBE will provide a status update on them at our May 7 meeting:

Criteria #8: This criterion is about network adequacy. We designated this criterion as "Yes, we know how to apply it in the certification process." CCIIO, however, will provide more guidance about including essential community providers in the analysis of network adequacy. HBE will confirm if the guidance clarifies how to treat essential community providers in a health care provider network.

Criteria #10: This criterion is about implementing a quality improvement strategy through a payment structure. HBE needs to develop a scope that clarifies how an issuer's payment structure should implement a quality improvement strategy in ways that satisfy the standards established in the ACA for this criterion.

Criterion #18: This criterion is about premium increases. It cannot apply at initial certification. HBE will discuss with OIC some conceptual ideas about how to apply this premium increase during recertification. HBE will update the plan management workgroup at our May 7 meeting.

Criterion C. 7: QHP must meet certain marketing requirements

In our April 24 meeting, this criterion was identified as needing a small workgroup. That is no longer the case because HBE has decided not to make the posting of issuer materials on HBE web pages a certification criterion. This criterion will now be based upon current regulatory review of marketing materials and criterion C. 7 was changed from a "no" to a "yes" on the scorecard.